

116TH CONGRESS
1ST SESSION

S. 1037

To amend title XVIII of the Social Security Act to modernize provisions relating to rural health clinics under Medicare.

IN THE SENATE OF THE UNITED STATES

APRIL 4, 2019

Mr. BARRASSO (for himself and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to modernize provisions relating to rural health clinics under Medicare.

1 *Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,*

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Rural Health Clinic
5 Modernization Act of 2019”.

**6 SEC. 2. MODERNIZING PHYSICIAN, PHYSICIAN ASSISTANT,
7 AND NURSE PRACTITIONER UTILIZATION RE-
8 QUIREMENTS.**

9 (a) IN GENERAL.—Section 1861(aa) of the Social Se-
10 curity Act (42 U.S.C. 1395x(aa)) is amended—

1 (1) in paragraph (2)(B), by striking “has an
2 arrangement” and all that follows through the first
3 semicolon and inserting “meets the requirements de-
4 scribed in paragraph (8);”; and

5 (2) by adding at the end the following new
6 paragraph:

7 “(8) REQUIREMENTS FOR CERTAIN FACILITIES
8 DESCRIBED.—For purposes of paragraph (2)(B),
9 with respect to a facility which is not a physician-
10 directed clinic, the following requirements are de-
11 scribed in this paragraph:

12 “(A) ARRANGEMENT.—The facility has an
13 arrangement consistent with the provisions of
14 State and local law relative to the practice, per-
15 formance, and delivery of health services, with
16 one or more physician assistants (as defined in
17 paragraph (5)(A)) or one or more nurse practi-
18 tioners (as defined in such paragraph).

19 “(B) PRACTICE AND OVERSIGHT REQUIRE-
20 MENTS.—

21 “(i) IN GENERAL.—Subject to clause
22 (ii), the delivery of health services under
23 such arrangement shall be in accordance
24 with State law or the State regulatory

1 mechanism governing the practice of physi-
2 cian assistants or nurse practitioners.

3 “(ii) EXCEPTION IF NO STATE LAWS
4 OR REGULATIONS APPLICABLE.—In the
5 case where a State does not have laws or
6 regulations governing the practice, per-
7 formance, and delivery of health services
8 by a physician assistant or nurse practi-
9 tioner, the Secretary shall adopt regula-
10 tions for facilities located in such State
11 that provide for the periodic review by phy-
12 sicians of covered services furnished by
13 physician assistants and nurse practi-
14 tioners, the supervision and guidance by
15 such physicians of physician assistants and
16 nurse practitioners, and the preparation by
17 such physicians of such medical orders for
18 care and treatment of clinic patients as is
19 necessary. Such regulations shall also re-
20 quire facilities located in such a State to
21 have arrangements with physicians for re-
22 ferral of and consultation for patients as
23 the facility deems necessary and for advice
24 and assistance in the management of med-
25 ical emergencies.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 this section shall take effect on the date of the enactment
3 of this Act.

4 **SEC. 3. REMOVING OUTDATED LABORATORY REQUIRE-**
5 **MENTS.**

6 (a) IN GENERAL.—Section 1861(aa)(2)(G) of the So-
7 cial Security Act (42 U.S.C. 1395x(aa)(2)(G)) is amended
8 by striking “, including clinical laboratory services” and
9 all that follows through “additional diagnostic services”
10 and inserting the following: “and has prompt access to
11 clinical laboratory services and additional diagnostic serv-
12 ices”.

13 (b) EFFECTIVE DATE.—The amendments made by
14 this section shall take effect on the date of the enactment
15 of this Act.

16 **SEC. 4. ALLOWING RURAL HEALTH CLINICS THE FLEXI-**
17 **BILITY TO CONTRACT WITH PHYSICIAN AS-**
18 **SISTANTS AND NURSE PRACTITIONERS.**

19 (a) IN GENERAL.—Section 1861(aa) of the Social Se-
20 curity Act (42 U.S.C. 1395x(aa)), in the first sentence of
21 the flush matter following paragraph (2), is amended by
22 striking “(iii) employs a physician assistant or nurse prac-
23 titioner, and (iv)” and inserting “and (iii)”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 subsection (a) shall take effect on the date of the enact-
3 ment of this Act.

4 **SEC. 5. ALLOWING RURAL HEALTH CLINICS TO BE THE DIS-**
5 **TANT SITE FOR A TELEHEALTH VISIT.**

6 (a) IN GENERAL.—Section 1834(m) of the Social Se-
7 curity Act (42 U.S.C. 1395m(m)) is amended—

8 (1) in the first sentence of paragraph (1)—
9 (A) by striking “or a practitioner (de-
10 scribed in section 1842(b)(18)(C))” and insert-
11 ing “, a practitioner (described in section
12 1842(b)(18)(C)), or a rural health clinic”; and

13 (B) by striking “or practitioner” and in-
14 serting “, practitioner, or rural health clinic”;

15 (2) in paragraph (2)(A)—

16 (A) by striking “or practitioner” and in-
17 serting “practitioner, or rural health clinic”;
18 and

19 (B) by striking “such physician or practi-
20 tioner” and inserting “such physician, practi-
21 tioner, or rural health clinic”; and

22 (3) in paragraph (4)(A), by striking “or practi-
23 tioner” and inserting “practitioner, or rural health
24 clinic”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to services furnished on or after
3 the date of the enactment of this Act.

4 **SEC. 6. INCLUDING FACILITIES LOCATED IN CERTAIN
5 AREAS.**

6 (a) IN GENERAL.—Section 1861(aa) of the Social Se-
7 curity Act (42 U.S.C. 1395x(aa)) is amended, in the first
8 sentence of the flush matter following paragraph (2), by
9 inserting “or in an area that has been designated by the
10 chief executive officer of the State and certified by the Sec-
11 retary as rural” after “Census”).

12 (b) EFFECTIVE DATE.—The amendment made by
13 this section shall take effect on the date of the enactment
14 of this Act.

15 **SEC. 7. INCREASING REIMBURSEMENT FOR RURAL
16 HEALTH CLINICS.**

17 Section 1833(f) of the Social Security Act (42 U.S.C.
18 1395l(f)) is amended—

19 (1) in paragraph (1), by striking “, and” at the
20 end and inserting a semicolon;

21 (2) in paragraph (2)—

22 (A) by inserting “(before 2020)” after “in
23 a subsequent year”; and

24 (B) by striking the period at the end and
25 inserting a semicolon; and

1 (3) by adding at the end the following new
2 paragraphs:

3 “(3) in 2020, at \$105 per visit;

4 “(4) in 2021, at \$110 per visit;

5 “(5) in 2022, at \$115 per visit; and

6 “(6) in a subsequent year, at the limit estab-
7 lished under this subsection for the previous year in-
8 creased by the percentage increase in the MEI (as
9 so defined) applicable to primary care services (as so
10 defined) furnished as of the first day of that year.”.

○